

# Perceptions of Mental Health Services

2002 Adult Consumer Survey



Perceptions of Adult Consumers of  
Publicly Funded Mental Health  
Services in Washington State

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# Acknowledgments

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The researchers would like to express their sincere gratitude to the interviewers who spent numerous hours attempting to contact potential participants. With extraordinary diligence and unique compassion, the interviewers made 32,416 phone calls while collecting valuable information for this report — data that, we hope, will serve to improve the delivery of mental health services in Washington State.

Obtaining viable contact information for participants randomly chosen for this survey proved an onerous chore; this process required significant assistance from the 14 Regional Support Networks (RSNs) and scores of provider agencies throughout Washington State. The researchers would like to thank the RSN Administrators and their staff members for their efforts. We would also like to express our appreciation to countless staff members at the individual provider agencies for their patience and hard work.

The researchers would also like to recognize the staff of *The Washington Institute* for their contributions and assistance.

This report was written using data collected by *The Washington Institute*. A full set of findings are available in the form of the *Tool Kit for the Adult Consumer Survey 2002*, which includes a full numerical dataset, a discussion of data collection methods, and additional information on data analysis. You may obtain the *Tool Kit* by contacting *The Washington Institute* at 253/756-2741.

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## I. Executive Summary

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“Counseling helped me become a different person; it helped me start living my life again.”

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“Right now I’m not getting any help with what is bothering me.”

**B**EGINNING IN MARCH 2002, *The Washington Institute for Mental Illness Research & Training* conducted a Computer Assisted Telephone Interview (CATI) survey of adult consumers of publicly funded mental health services in Washington State. Those chosen to participate in the survey were selected randomly from a list of clients 18 years and older who received services from May 1, 2001 to October 31, 2001. Thirty-three percent of the sample participated in the survey, producing 2,082 completed responses. The survey was conducted from February through June, 2002.

This report contains the findings from that survey. Information collected by the survey includes demographics such as race/ethnicity, gender, age, total service hours, employment status, work and benefits information, and living situation. One of the primary goals of the survey was to determine the consumers’ perceived satisfaction with the services they received. This information was obtained through two types of questions. The first type of question provided a statement such as “I deal more effectively with daily problems.” The consumer then chose among the following responses: Strongly Agree, Agree, Undecided, Disagree, or Strongly Disagree. These questions addressed various types of satisfaction, including Perceived General Satisfaction, Appropriateness and Quality of Services, Participation in Treatment Goals, Perceived Outcomes, and Perception of Access.

The second type of question allowed the consumer to choose their own words in answering the questions. An example of this second type of question is “What two things do you like the least about the mental health services you received?”

### **Who Participated in the Survey?**

Most survey participants (47%) were between the ages of 40 and 60 years old. The second largest age group was between the ages of 21 and 40 years old (39%). Five percent were either under the age of 21 or over the age of 75 years. The majority of participants were female (64%) and most were White (76%). There was a fairly even distribution of Hispanics (6%), African Americans (5%), and Native Americans (5%). Asian or Pacific Islanders had the smallest representation (2%).

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Of those who took the survey, 21% said they were currently employed; of those working, 61% indicated they worked less than 35 hours per week and 70% said they did not receive benefits from their employer. Nearly half (48%) said that they lived independently in their own home or apartment, 15% lived in subsidized housing, and 6% lived in a group home or treatment facility. Most people surveyed received between 1 and 25 hours of mental health services (68%) — with 17% receiving one hour or less and 15% receiving more than 25 hours. Twenty percent of participants indicated they were not currently receiving Medicare or Medicaid benefits.

### **Are Consumers Satisfied with Services?**

Generally speaking, consumers appeared to be very satisfied with the mental health services that they had received. With the exception of Perceived Outcomes of Services, 74 percent or more of participants reported that they were Very Satisfied or Mostly Satisfied with the services that they received. Sixty-two percent of participants said they were Mostly or Very Satisfied with the outcomes of their mental health services. Only a small percentage, generally below 10%, said they were mostly dissatisfied or very dissatisfied with the services that they had received. There are only minor differences in satisfaction levels reported between RSNs.

In the area of **General Satisfaction**, nearly three quarters of the participants (74 percent) indicated they were Mostly or Very Satisfied with services from their mental health provider. One RSN, Greater Columbia, revealed a slightly higher level of General Satisfaction when compared to the statewide average and one RSN, North Sound, showed a slightly lower level. No statistically significant differences occurred among genders, ages, or ethnicities.

Seventy-eight percent of the participants said they were mostly or very satisfied with the **Quality and Appropriateness** of their mental health services. Only one RSN, Greater Columbia, showed a higher level of satisfaction in Quality and Appropriateness when compared to the statewide average. Female participants demonstrated a higher level of satisfaction, while those participants over 75 years of age demonstrated a lower level of satisfaction. No statistically significant differences occurred among ethnicities.

## Satisfaction with Services

In the **Participation in Treatment Goals** category, 75% of participants said they were Mostly or Very Satisfied. Only one RSN, Greater Columbia, showed a higher level of satisfaction regarding Participation in Treatment Goals when compared to the statewide average. Females were more likely to be satisfied in this category than were males. No statistically significant differences occurred among ages or ethnicities.

In the **Perception of Service Outcomes** category, 62% of participants said they were Mostly or Very Satisfied. This is the lowest level of satisfaction of all the satisfaction indicators. Only one RSN, Peninsula RSN, showed a slightly lower level of satisfaction in this category when compared to the statewide average. Those who were 60 to 75 years of age had a higher satisfaction with Perception of Outcomes than those who were 21 to 40 and 40 to 60 years of age. No statistically significant differences occurred among genders or ethnicities.

In the **Perception of Access** to mental health services category, 78% of the participants said that they were Mostly or Very Satisfied with access to services. One RSN, Greater Columbia, revealed a slightly higher level of satisfaction in this category when compared to the statewide average. Those who were 60 to 75 years of age had a higher satisfaction in this category than those who were 21 to 40 years of age. No statistically significant differences occurred among genders or ethnicities.

In open-ended questions, participants said they *most* liked the **counseling** and general **service** aspects of their mental health experiences. **Access** to services was the most often identified aspect of what clients liked *least* about their mental health services.

As can be seen above and in the following pages, most consumers of mental health services are quite satisfied with the services they received. However, challenges remain. This report contains information describing areas in which service provision is currently successful, while also providing information that will hopefully result in improvements in the provision of publicly funded mental health services in Washington State.

## II. Introduction

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This report is a product of the Adult Consumer Survey (ACS), a statewide survey examining Washington State's delivery of state-funded mental health services. The Federal government requires that each state conduct quality assurances to determine if there exists a coordinated system of in- and out-patient services for that state's mental health consumers.

This is the third survey conducted by *The Washington Institute* that addresses this requirement. All three surveys obtained individual information from persons receiving services from the publicly funded mental health system. The first was the Statewide Sample Based Outcome Survey (SbOS), conducted from January 1998 through January 1999. The second study was the Children with Special Needs Survey 2001 (CSNS), which collected data from March through May 2001. The CSNS consisted of telephone interviews with 1,046 consumers between the ages of 13 and 20 years or, in the event, the consumer was less than 13 years of age, with their primary caregivers.

This current Adult Consumer Survey (ACS) was conducted from February through June 2002. The ACS consisted of telephone interviews with 2,082 adult consumers 18 years and older who had received outpatient services (including clients who received crisis services), from Washington State's publicly funded mental health system from May 1 through October 31, 2001. The survey used was that recommended by the Mental Health Statistical Improvement Project (MHSIP). The survey instrument consisted of 32 questions that inquire about the participants' perceived general satisfaction with service, perception of the quality of services, perception of the outcome of services, participation in treatment goals, and perception of access to service. Open-ended questions were also asked to obtain information on attitudes toward the mental health services they received.

The survey results were collected using *The Washington Institute's* Computer Assisted Telephone Interview (CATI) system. The majority of these interviewers are themselves consumers of mental health services. Overall, hiring mental health consumers to conduct telephone surveys proved a successful strategy. The interviewers were sensitive to the needs and perspectives of the participants, while understanding the necessity for client confidentiality and data integrity — although it is important to note that the interviewers did not divulge their status as consumers of mental health services.

The Current  
Survey

Computer-  
Assisted  
Telephone  
Interviewing  
(CATI)

## The Sample



We targeted a total statewide sample of ten percent of the individuals of the 63,766 clients who met the survey criteria. The sampling was conducted in a way that assured relative representation of each of the Regional Support Networks (RSNs) in the state.<sup>1</sup> Some RSNs asked that an “over-sample” be drawn from their region, which would enable the RSNs to better

understand the satisfaction levels in their area. The information in this report only contains the ten percent sample and does not include data from the “over-sample.”

The goal of collecting survey information is to be able to “generalize” the responses to all adult consumers of publicly funded mental health services in Washington State. To do so, a comparison must be made examining characteristics of the participants and determining if they match the characteristics of the overall sample — and, hence, the consumer population in general.

The participants’ characteristics should match the characteristics of all the consumers that received publicly funded mental health services.<sup>2</sup> This process is known as determining the “representativeness” of the participant sample.

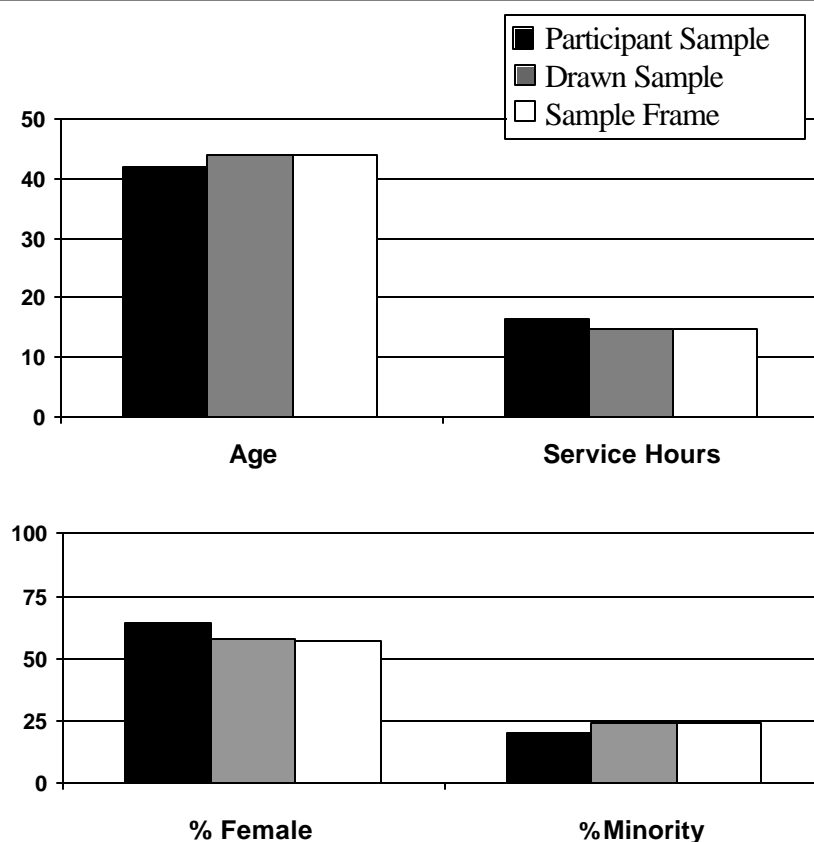


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<sup>1</sup> Publicly funded mental health services are provided through 14 Regional Support Networks (RSNs) that are made up of ~175 provider agencies. The number of provider agencies within each RSN varies widely. Provider agencies serve approximately 100,000 outpatient consumers per year in Washington State.



Figure 1. Representativeness



Participant Sample is Fairly Representative of all Clients Receiving Publicly Funded Mental Health Services in Washington State

An analysis of the participant sample's representativeness was conducted, the results of which are displayed in **Figure 1** above. In interpreting these charts, it is evident that the age of those participating in the survey is slightly younger than the population of everyone receiving such services in Washington State; the number of service hours of those participating in the survey is slightly higher than the population of everyone receiving services in Washington State; the percent of women participating in the survey is slightly higher than the population of everyone receiving services in Washington State, and the percent of minorities of those participating in the survey is slightly lower than the population of everyone receiving services in Washington State. Nonetheless, these differences are minor and one can therefore conclude that the three groups are reasonably similar.

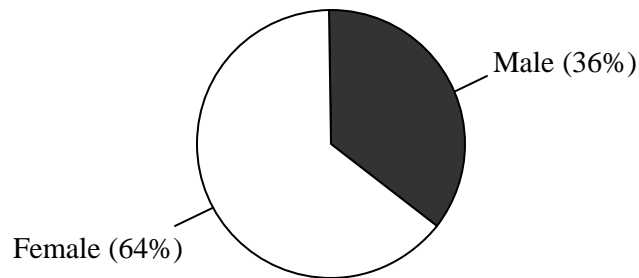
<sup>2</sup> To clarify, we are dealing with three groups: (i) the Sample Frame, (ii) the Drawn Sample; and (iii) the Participant Sample. We began with a listing of everyone 18 years of age or older who received publicly funded mental health services between May 1, 2001 and October 30, 2001. This list of 63,766 clients is referred to as the "Sample Frame." A ten percent "random sample" was then drawn from the Sample Frame. The resulting sample consists of 6,376 clients. This sample is referred to as the "Drawn Sample." We attempted to survey everyone on the Drawn Sample, but were successful in actually surveying 2,082 of the 6,376. This final sample of 2,082 is referred to as the "Participant Sample."

### III. Demographics

Demographic Questions Ask About Gender, Race/Ethnicity, Age, and Other Circumstances

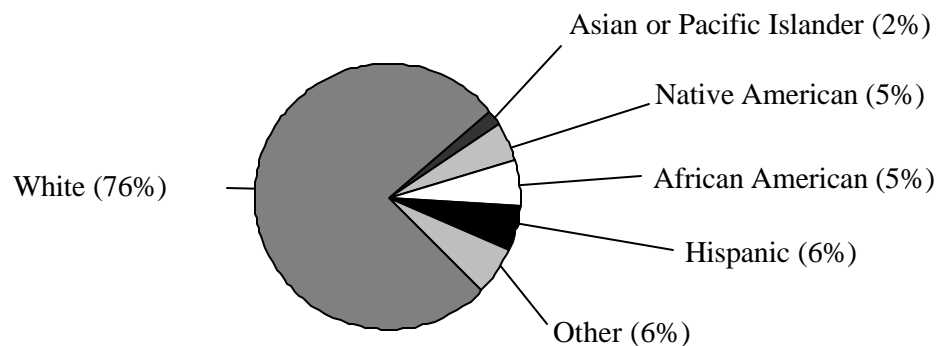
Twelve of the questions on the survey asked the participants about their gender, race or ethnicity, age, employment status, and other life circumstances.

Figure 2. Gender



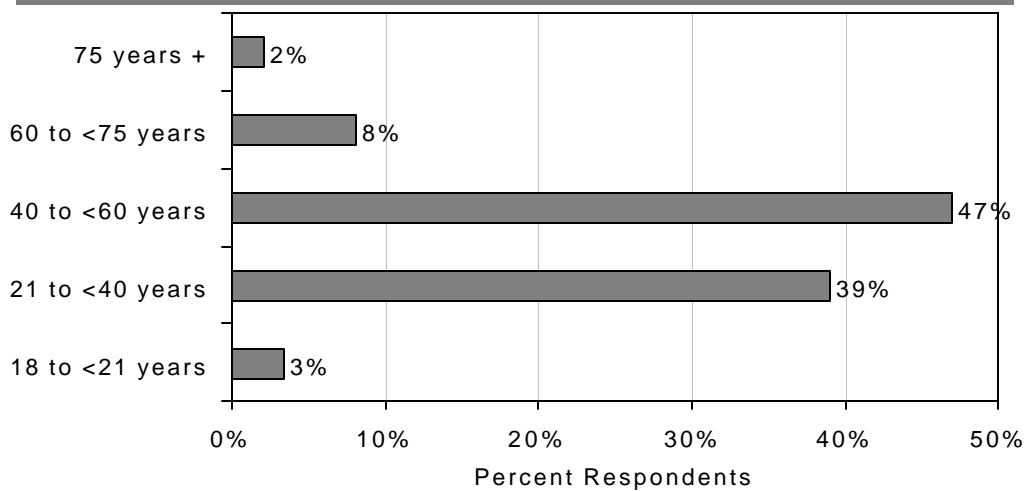
**Gender.** Of the 2,082 people who responded to the survey, 64% were women and 36% were men.

Figure 3. Race/Ethnicity



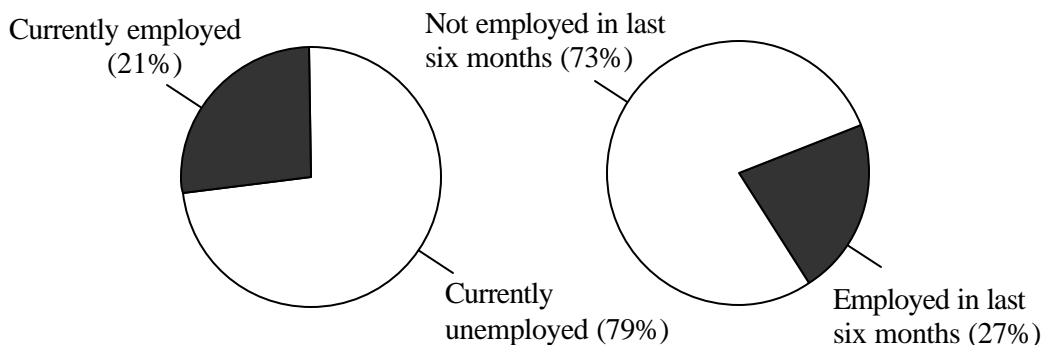
**Race or Ethnicity.** Approximately three quarters (76%) of the participants indicated their race or ethnicity as White. Participants who said they were Hispanic or Latino, or those who identified as “Other,” made up the next largest category (6% each), followed by African Americans or Blacks, and Native Americans (5% each). Two percent of the participants said they were Asian or Pacific Islanders.

Figure 4. Age Category



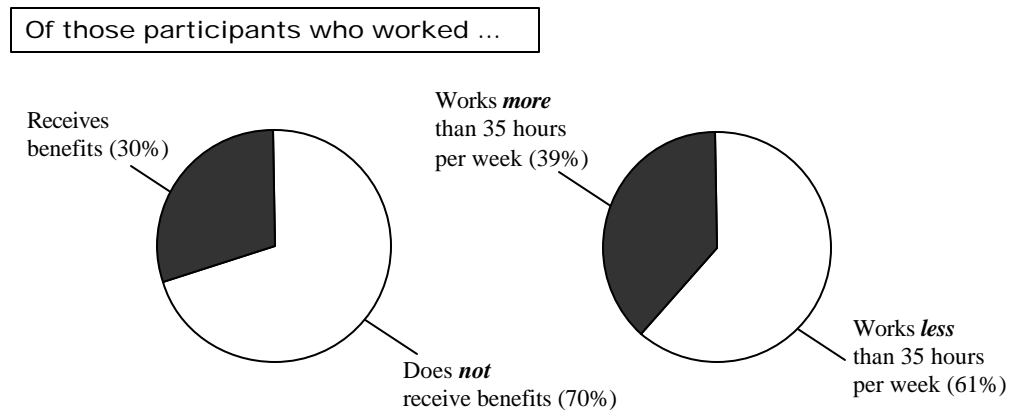
**Age.** Those persons eligible to be surveyed were 18 years or older. Almost half of the participants were between the ages of 40 and 60 years old (47%), followed by people between the ages of 21 and 40 years old (39%). The fewest participants were either over the age of 75 years (2%) or under the age of 21 years (3%).

Figure 5. Employment Status



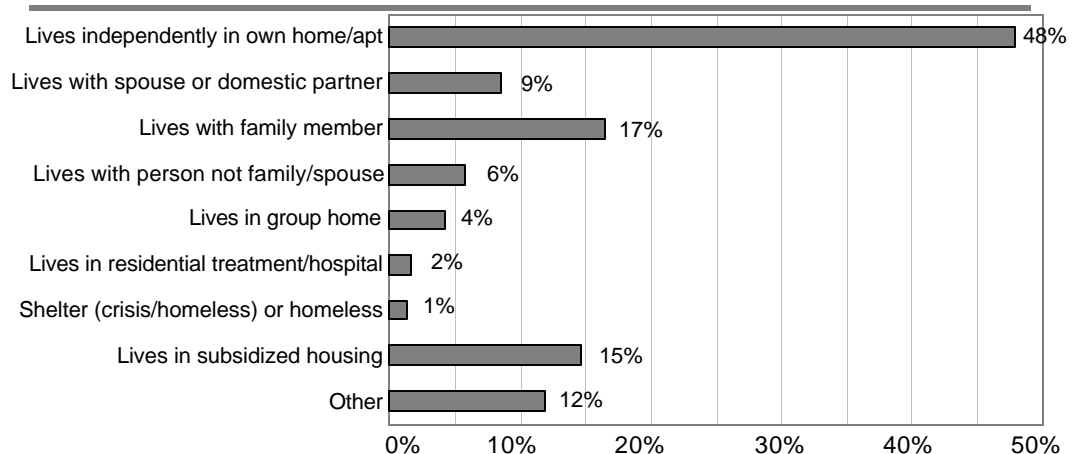
**Employment Status.** Most of the people who completed the survey were neither currently employed (79%) nor had been employed in the past six months (73%).

Figure 6. Hours Worked and Benefits



**Hours Worked and Benefits Received.** Of those people who were working currently or had worked in the past six months, approximately 30% received such benefits as medical insurance, retirement, or vacation. Less than two thirds (61%) of those working worked part time — or less than 35 hours per week.

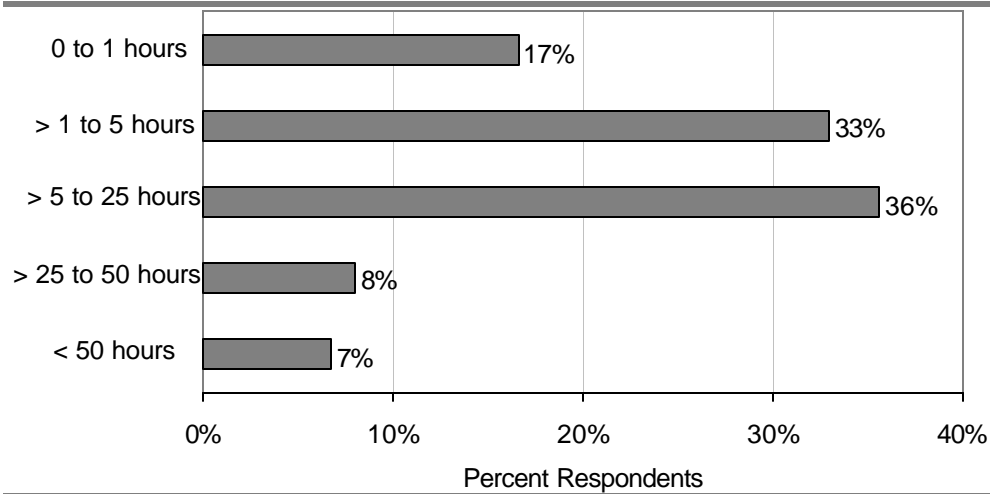
Figure 7. Living Situation



Note: an individual may be represented in more than one category. Hence, the percentages add up to more than 100%.

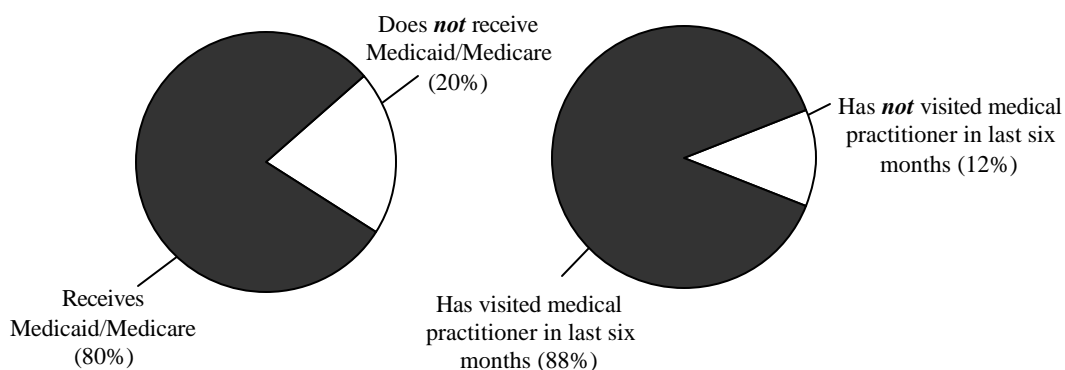
**Living Situation.** 2,015 participants in the survey answered questions about their living situation. Nearly half of the participants said they lived independently in their own home or apartment. Nine percent lived with a domestic partner; an additional 17% lived with a family member that is not a spouse or domestic partner; 6% lived with non-family members; and the remainder live in a group home, residential treatment facility, hospital or in a shelter or are homeless. Those who were homeless or lived in shelters were most likely under-represented in this study, as they are very difficult to locate. Fifteen percent of the respondent sample said they lived in subsidized housing.

Figure 8. Service Hours



**Service Hours.** Most people in the survey (70%) received between one and 25 hours of mental health services from May 1 to October 31, 2002. Nearly a fifth (17%) of participants received one hour or less of services. Fifteen percent of participants received more than 25 hours of services, nearly half of whom received more than 50 hours of service.

Figure 9. Medical and Insurance Information



**Medical and Insurance Information.** Eight percent of participants said they received Medicare or Medicaid insurance, which included Healthy Options and medical coupons. Even a higher percentage (88%) said they had visited a medical practitioner (such as a doctor or a nurse) sometime over the past six months.

## IV. Satisfaction with Services

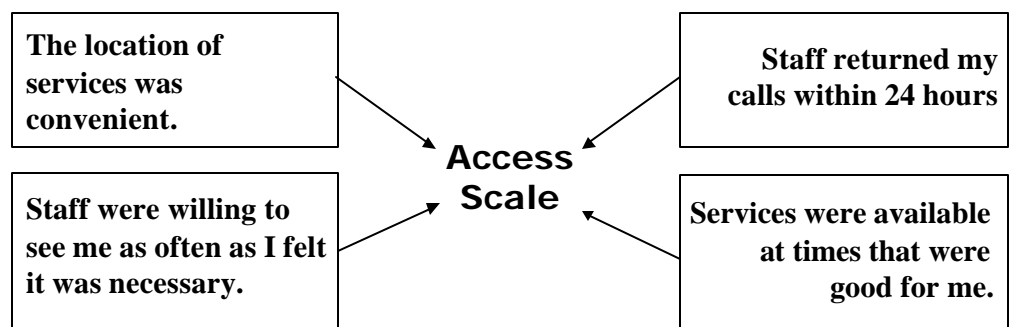
### Measuring Group Satisfaction

The questionnaire asked each person participating in the survey questions relating to their satisfaction with their mental health services. For example, the survey contained such questions as “I deal more effectively with daily problems.” The person responding to this statement then chose among the following responses: I Strongly Agree, I Agree, I am Undecided, I Disagree, or I Strongly Disagree. These questions addressed various types of satisfaction, which included:

- Perceived General Satisfaction,
- Appropriateness and Quality of Services,
- Participation in Treatment Goals,
- Perceived Outcomes, and
- Perception of Access.

Multiple questions were then combined into a “scale,” which addressed each of the five areas listed above. **Figure 10** below provides an example using the scale of **Perception of Access**.<sup>3</sup> The **Perception of Access** scale is created by combining information from the four individual questions, which are present in the boxes below. Each of the five scales and the individual questions that were used to create them are provided in **Figure 11** on the following page.

Figure 10. Scale Construction



<sup>3</sup> The reliability of the scales was tested using Cronbach’s Alpha, a common measure of internal consistency of scaled items. Cronbach’s Alphas ranged from 0.61 to 0.91. For additional information on reliability analysis, please see *Tool Kit for the Adult Consumer Survey 2002*, published by *The Washington Institute*. Or contact us at 253/756-2741.

### Satisfaction Scales

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Figure 11. The Scales and Their Questions<sup>4</sup>

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**General Satisfaction**

- I like the services I received there.
- If I had other choices I would still get services from this agency.
- I would recommend this agency to a friend or a family member.

**Appropriateness and Quality of Services**

- Staff at this agency believe that I can grow, change and recover.
- I felt free to complain.
- Staff told me what side effects to look out for.
- Staff respected my wishes about who is and who is not to be given information about my treatment.
- Staff were sensitive to my cultural background — such as my race, religion, language, etc.
- Staff helped me obtain the information I needed so that I could take charge of managing my illness.

**Participation in Treatment Goals**

- I felt comfortable asking questions about my treatment and medications.
- I, not staff, decided my treatment goals.

**Perceived Outcomes**

- I deal more effectively with daily problems.
- I am better able to control my life.
- I am better able to deal with crisis.
- I am getting along better with my family.
- I do better in social situations.
- I do better in school and/or work.
- My symptoms are not bothering me as much.

**Perception of Access**

- The location of services was convenient.
- Staff were willing to see me as often as I felt it was necessary.
- Staff returned my calls within 24 hours.
- Services were available at times that were good for me.

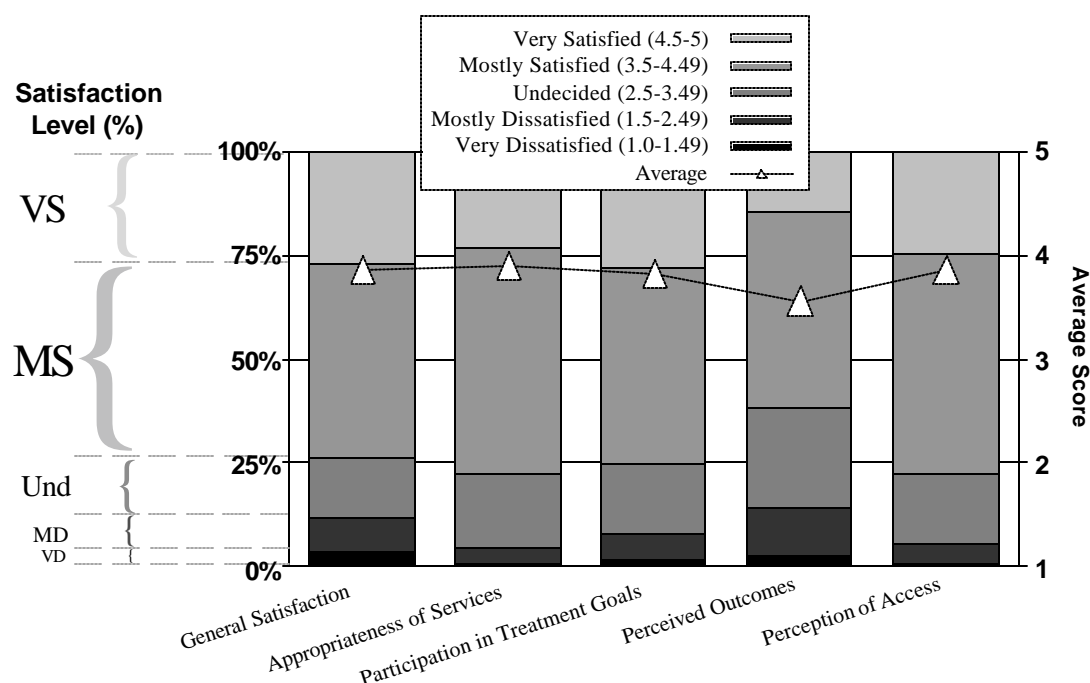
**Possible Responses:**

1. I Strongly Disagree
2. I Somewhat Disagree
3. I am Undecided
4. I Somewhat Agree
5. I Strongly Agree

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<sup>4</sup> Questions are taken directly from the survey instrument. Response categories have been reversed, so that higher satisfaction levels correspond to a higher response number. For a full copy of the survey instrument, please contact *The Washington Institute* at 253/756-2741.

Figure 12. The Five Satisfaction Scales



## Interpreting the Satisfaction Figures

All satisfaction measurements in this report are presented in variations of the above figure. These figures combine information on both the satisfaction scale score and on the various level of satisfaction (represented by the shades within the each column). Satisfaction scale scores are interpreted by reading the “Average Score” appearing on the right side of the graphic. The triangles represent average satisfaction.<sup>5</sup> Higher levels of satisfaction are represented by the triangles appearing higher in their column. For example, although it is difficult to distinguish the highest triangle in the above graphic, it appears in the category of **Appropriateness of Services** — which has an average score of 3.9.

The levels of satisfaction within each category are obtained by examining the shades within each column, which is interpreted by reading the “Satisfaction Level” appearing on the left side of the graphic. For example, in the **General Satisfaction** category, 27% of the participants indicated they were Very Satisfied (VS), 47% of the participants said they were Mostly Satisfied (MS), 15% of the participants indicated they were Undecided (Und), 8% of the

<sup>5</sup> The average score is the arithmetic mean score, which is obtained by adding all the scores together and dividing by the total number of respondents.



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participants indicated they were Mostly Dissatisfied (MD), and 3% of the participants said they were Very Dissatisfied (VD).

**Figure 12** shows the responses for the five satisfaction scales. The overall satisfaction with services appears high. All of the satisfaction score averages are above 3.5 — the lowest being for **Perceived Outcomes**, which is 3.6. The highest average score is for **Appropriateness and Quality of Service**, which is 3.9.

With the exception of **Perceived Outcomes of Services**, 74% or more of participants reported that they were Very Satisfied or Mostly Satisfied with the services that they received. Only a small percentage, mostly below 10%, indicated they were Mostly Dissatisfied or Very Dissatisfied with the services that they received. The lowest satisfaction appears in the category of **Perceived Outcomes of Services**, with 14% reporting they were Very or Mostly Dissatisfied with services and 62% reporting they were Very or Mostly Satisfied with services.

On the following pages, each of the satisfaction scales are compared by RSN, gender, age, and ethnicity of participants.

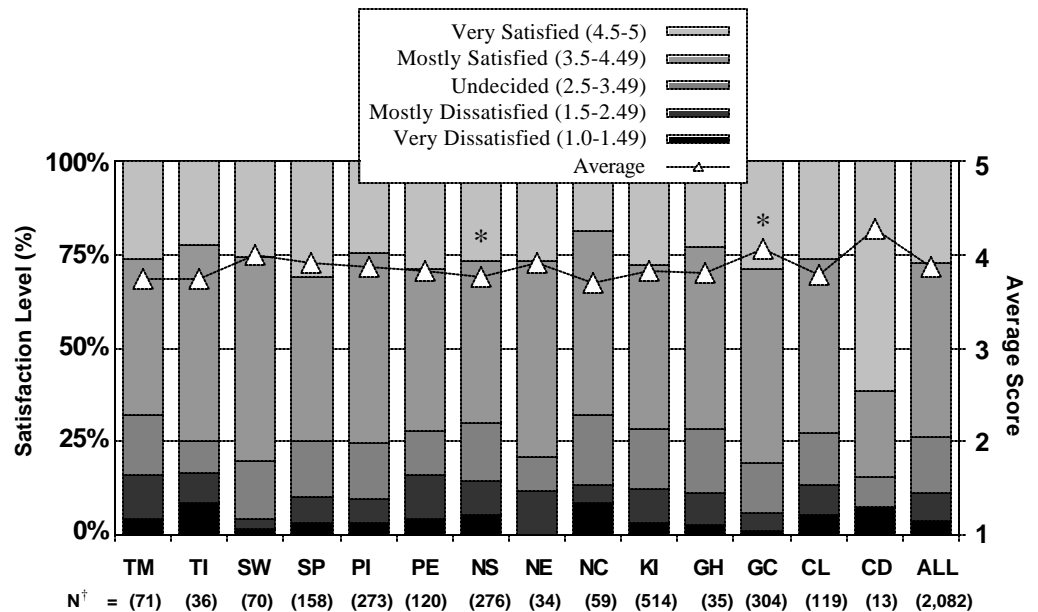
What Do We See?

## General Satisfaction

### RSN Abbreviations:

CD - Chelan Douglas  
 CL - Clark  
 GC - Greater Columbia  
 GH - Grays Harbor  
 KI - King  
 NC - North Central  
 NE - Northeast  
 NS - North Sound  
 PE - Peninsula  
 PI - Pierce  
 SP - Spokane  
 SW - Southwest  
 TI - Timberlands  
 TM - Thurston Mason

Figure 13. General Satisfaction by RSN



\* Statistically significant difference.

† Some RSNs provide publicly funded mental health services to a relatively small number of persons. When groups are represented by a small number of respondents (e.g., Chelan Douglas was represented by only 13 respondents), questions necessarily arise over the validity of such findings.

Figure 14. General Satisfaction by Gender/Age

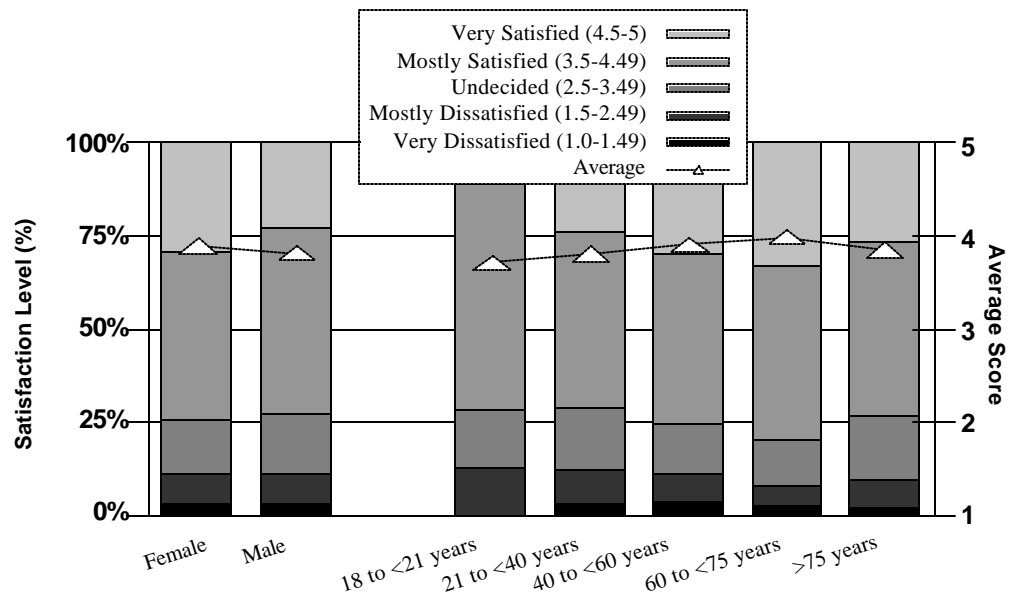
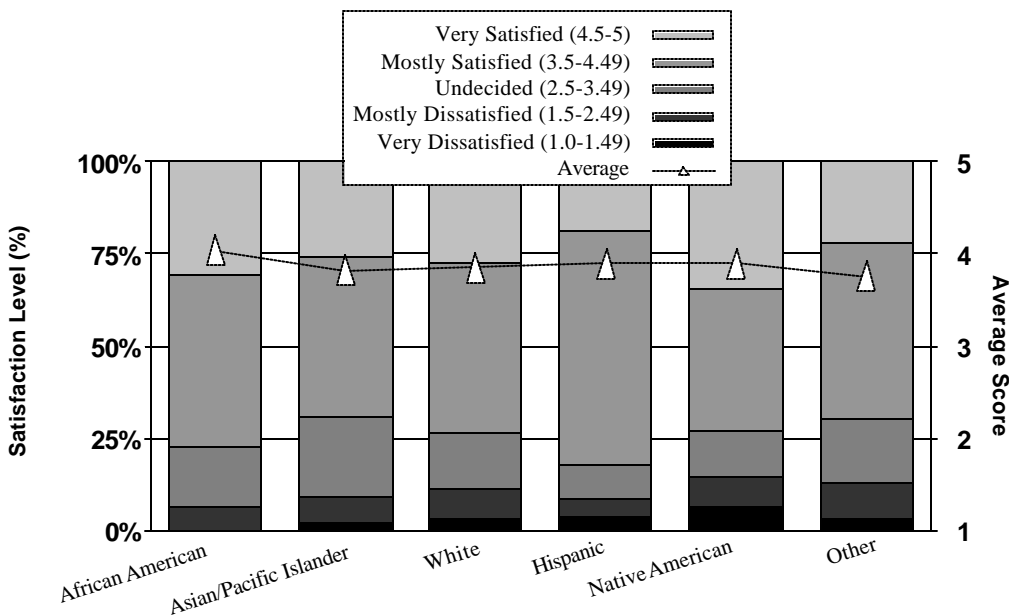


Figure 15. General Satisfaction by Race/Ethnicity



When comparing average scores, there was a slight but statistically significant difference across RSNs on General Satisfaction (**Figure 13**). When comparing each RSN with the statewide average,<sup>6</sup> only Greater Columbia and North Sound were significantly different. Greater Columbia was slightly higher than the statewide average; North Sound is slightly lower.<sup>7</sup> When looking at the percent satisfied in this category, three quarters of the participants said that they were Mostly or Very Satisfied with services from their mental health provider.

Three quarters (75%) of female participants said they were Mostly or Very Satisfied with their mental health services compared to slightly less (73%) for male participants. Eighty percent over 60 and under 75 years indicated they were Mostly or Very Satisfied with their services, followed closely by those between 40 and 60 years old (76%). **Figure 14** indicates none of these differences is statistically significant.

Participants who identified themselves as Hispanic or Latino indicated the highest level of General Satisfaction (82% indicating either Mostly or Very Satisfied). African American participants had the highest average score (4.02), because none of these participants indicating they were Very Dissatisfied. **Figure 15** shows no statistically significant differences in this category.

## General Satisfaction (continued)

“When I complain about a problem it is taken care of right away.”

“I like the attention given to me.”

“There are other people who suffer depression and I found friendship in that setting.”

“They treat me so well. I’m not sure I’m giving it my best.”

“I have an overwhelming sense of trust. They are friendly and real nice people. As scared as I was, they understood and cared.”

<sup>6</sup> When differences between RSNs were examined, we compared the overall score for the RSN with the average scores for responses from the entire state outside of that RSN.

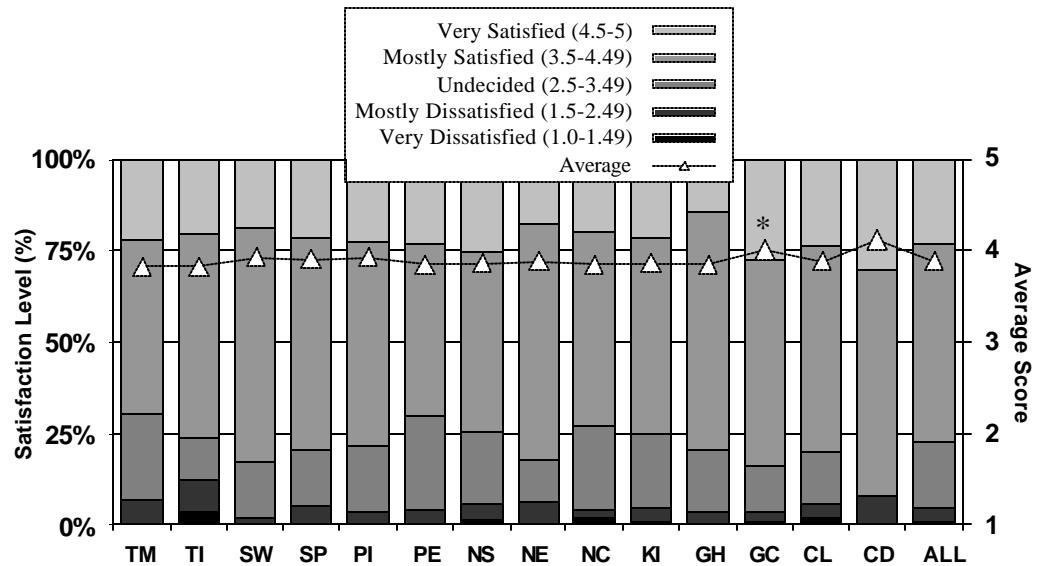
<sup>7</sup> Statistical significance testing was conducted by use of an ANOVA, followed by subsequent independent t-tests. Significance was established at  $P < 0.05$ , two tailed.

## Perception of Quality of Services

### RSN Abbreviations:

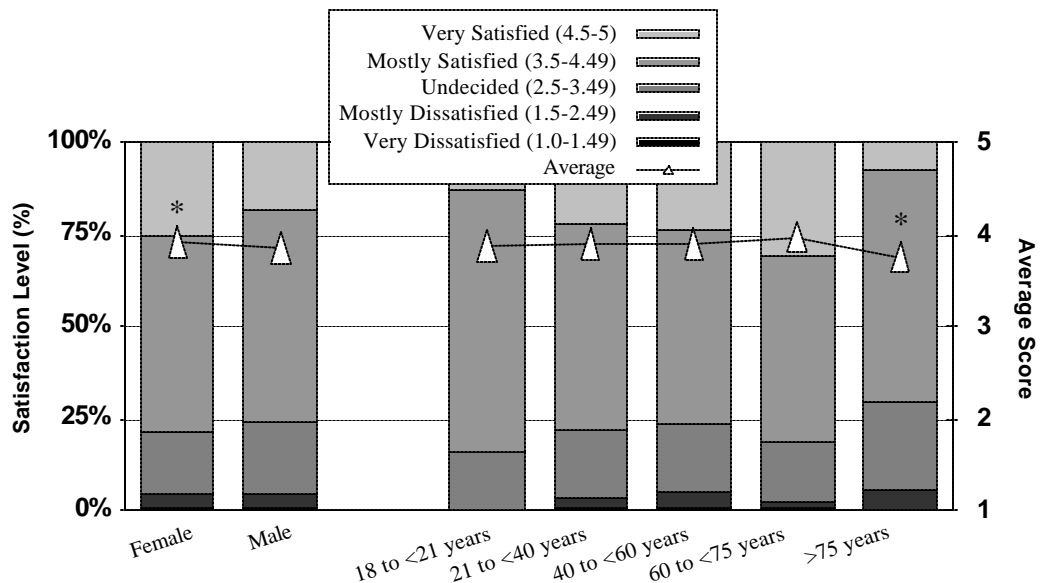
CD - Chelan Douglas  
CL - Clark  
GC - Greater Columbia  
GH - Grays Harbor  
KI - King  
NC - North Central  
NE - Northeast  
NS - North Sound  
PE - Peninsula  
PI - Pierce  
SP - Spokane  
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TM - Thurston Mason

Figure 16. Perception of Quality of Services by RSN



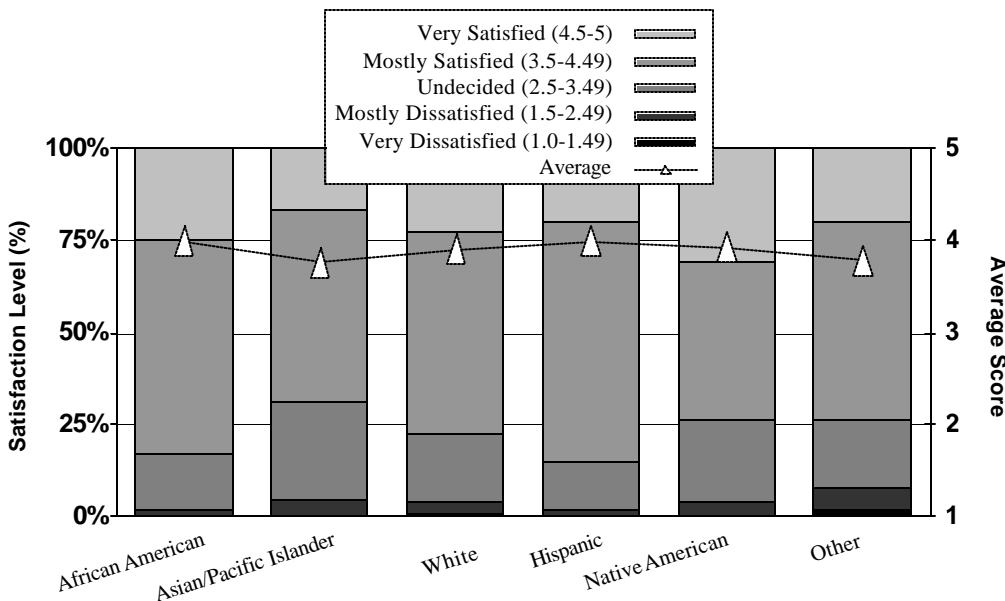
\* Statistically significant difference.

Figure 17. Perception of Quality of Services by Gender/Age



\* Statistically significant difference.

Figure 18. Perception of Quality of Services Race/Ethnicity



When comparing average scores, there were no statistically significant difference across RSNs on Quality and Appropriateness of Services (**Figure 16**). When comparing each RSN with the statewide average, only Greater Columbia RSN was significantly different, showing a slightly higher average on satisfaction with their Quality and Appropriateness of Services. When looking at the percent satisfied in this category, 78% of the participants said they were Mostly or Very Satisfied with the Quality and Appropriateness of their mental health service.

Females responding to questions of Quality and Appropriateness of Services demonstrated a higher level of satisfaction than males (**Figure 17**). Seventy-nine percent of female participants said they were Mostly or Very Satisfied with the Quality and Appropriateness of their mental health services, compared to 76% of males; this association is statistically significant. The youngest population in the sample — those between 18 and 21 years — had the highest level of satisfaction in this category (84%), followed by participants over the age 60 and under age 75 years. The eldest age category, 75 years and older, showed lower levels of satisfaction; these differences were statistically significant.

**Figure 18** shows that, although slight variations in satisfaction by race/ethnicity are present, no statistically significant differences was found in this category.

## Perception of Quality of Services (Continued)

“They come to [the] house to check up on me. They treat me with respect.”

“I have someone to go to for help, and options to deal with my problem.”

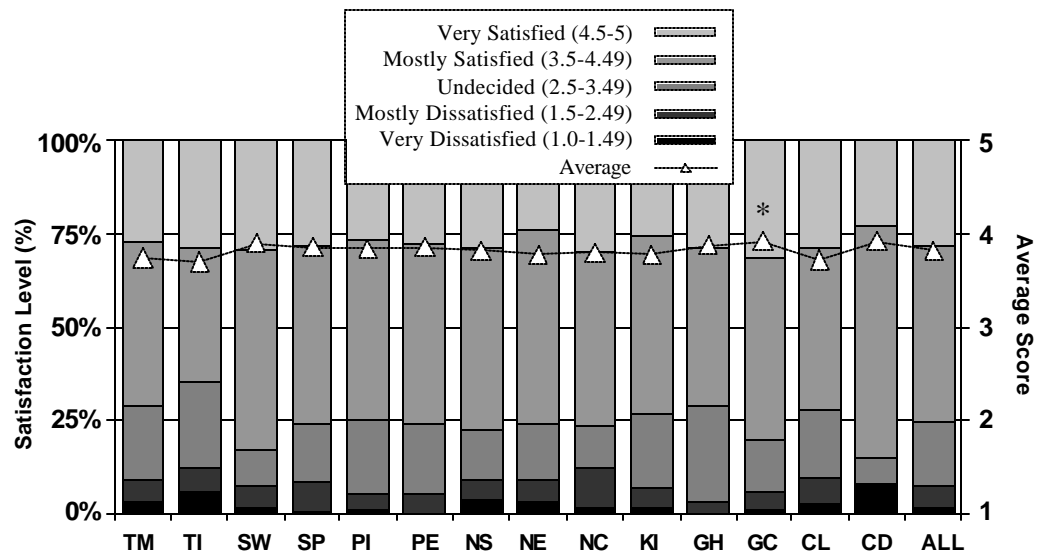
“They discriminate towards non-welfare, non-insured clients. I went in with a severe case of depression, and it took four months to get help. It got worse again; my doctor said I needed to get help. Then they wouldn’t take me because I was on Basic Health, they told me to go into the community to get help. I still don’t have help.”

## Participation in Treatment Goals

### RSN Abbreviations:

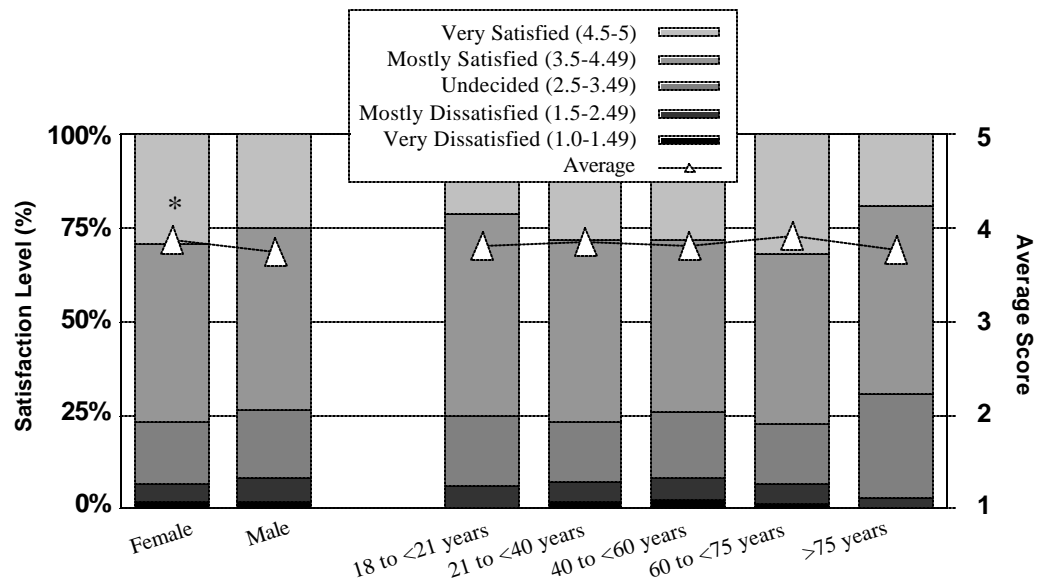
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 TM - Thurston Mason

Figure 19. Participation in Treatment Goals by RSN



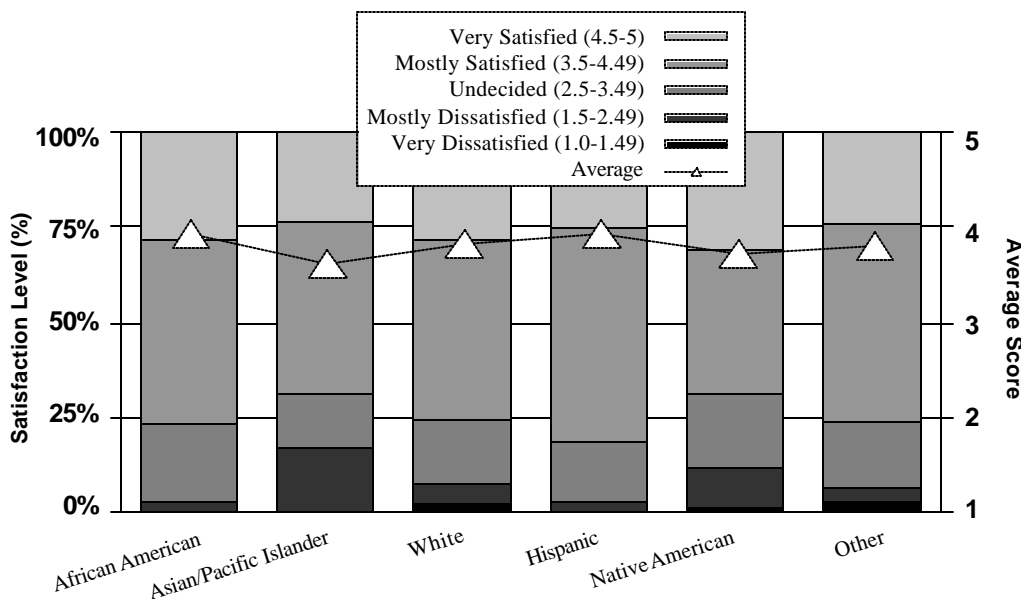
\* Statistically significant difference.

Figure 20. Participation in Treatment Goals by Gender/Age



\* Statistically significant difference.

Figure 21. Participation in Treatment Goals by Race/Ethnicity



When comparing average scores, there was no statistically significant difference across RSNs on Participation in Treatment Goals (**Figure 19**). When comparing each RSN with the statewide average, only Greater Columbia RSN was significantly different, showing a slightly higher average on satisfaction with Participation in Treatment Goals. When looking at the percent satisfied across all RSNs in this category, 75% of the participants said they were Mostly or Very Satisfied with participation in selecting their treatment goals.

**Figure 20** shows that females reported a slightly higher level of satisfaction with participation in treatment goals than do males (3.85 vs 3.74). This difference was statistically significant. Furthermore, a higher percent of females stated that they were Very or Mostly satisfied with Participation in Treatment Goals (77%) as compared to males (74%). When comparing average scores among age categories, there was no statistically significant difference found.

Hispanic and Latino participants indicated a slightly higher level of satisfaction in this category — 82% said they were Mostly or Very Satisfied with their Perception of Participation (**Figure 20**). Participants identifying themselves as White/Caucasian or African American indicated slightly lower levels of satisfaction in this area (76% and 77%, respectively). None of these differences was statistically significant.

## Participation in Treatment Goals (Continued)

“I felt free to express myself without fear of over-medication.”

“My shrink doesn't really listen to me.”

“There was little follow through in the treatment plan.”

“They didn't seem to have a personal connection because they only saw me once or twice.”

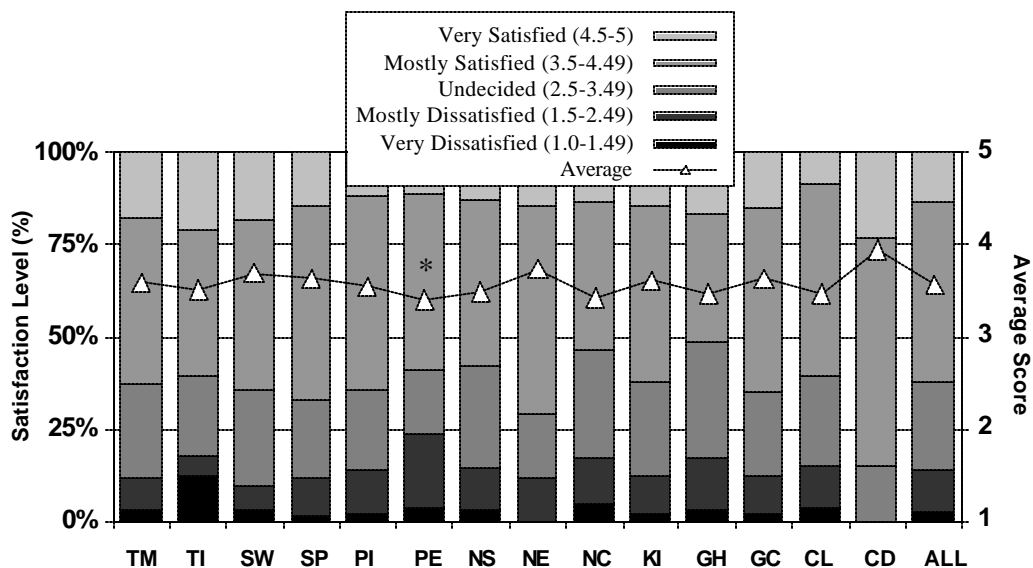
“They treat me with respect and let me voice my opinion and help with decisions and give me tools to work through my problems.”

## Perception of Outcomes of Services

### RSN Abbreviations:

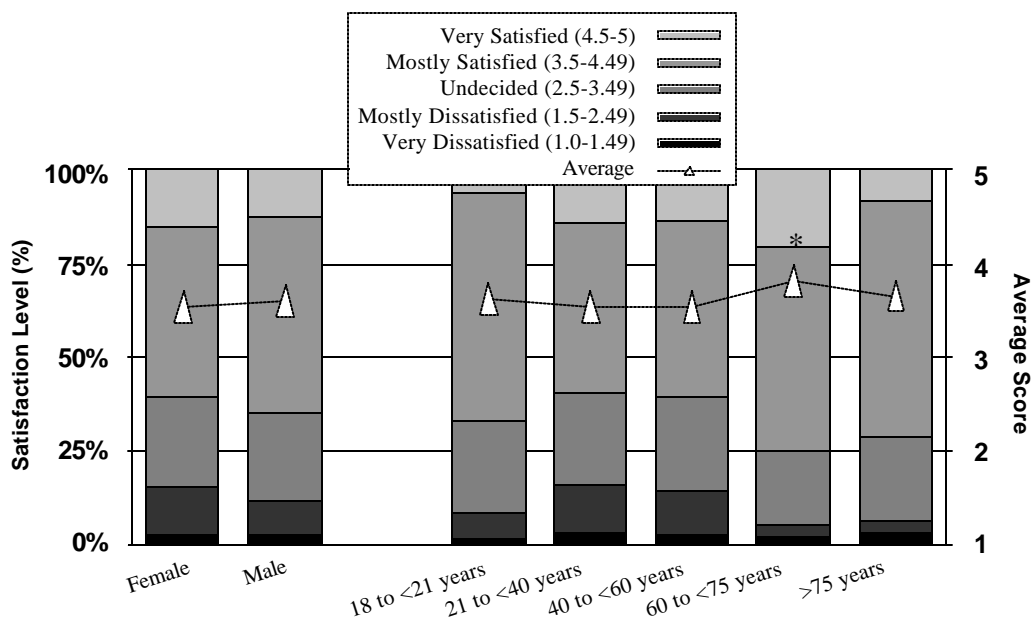
CD - Chelan Douglas  
 CL - Clark  
 GC - Greater Columbia  
 GH - Grays Harbor  
 KI - King  
 NC - North Central  
 NE - Northeast  
 NS - North Sound  
 PE - Peninsula  
 PI - Pierce  
 SP - Spokane  
 SW - Southwest  
 TI - Timberlands  
 TM - Thurston Mason

Figure 22. Perception of Service Outcome by RSN



\* Statistically significant difference.

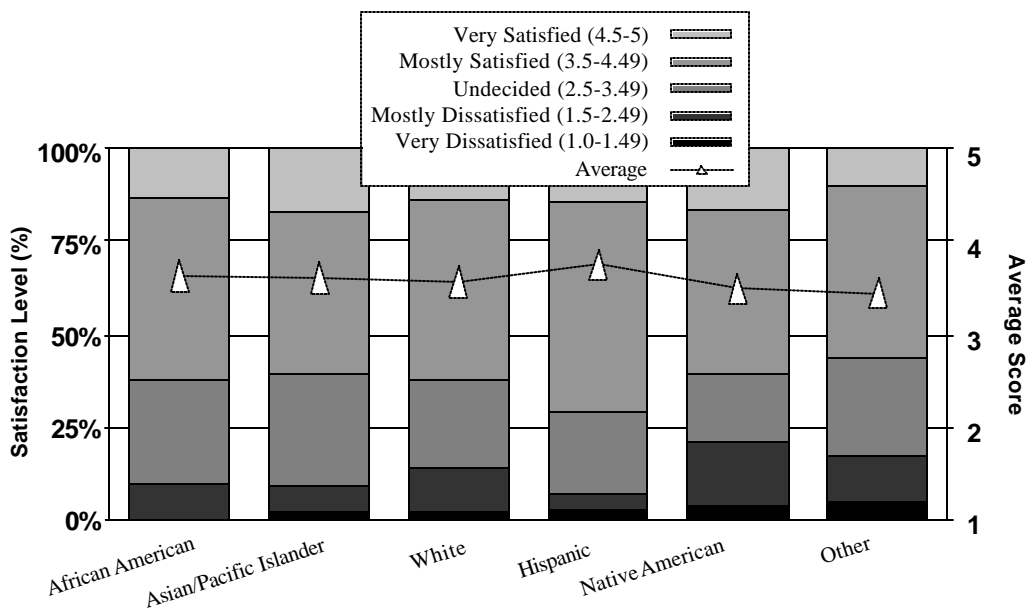
Figure 23. Perception of Service Outcome by Gender/Age



\* Statistically significant difference.



Figure 24. Perception of Service Outcome by Race/Ethnicity



When comparing average scores, there was no statistically significant difference across RSNs on Perception of Outcomes of Services (**Figure 22**). When comparing each RSN with the statewide average, only Peninsula RSN was significantly different, showing a slightly lower average on satisfaction with Perception of Outcomes of Services (3.4 vs 3.6). This category showed the lowest level of satisfaction compared with the other satisfaction scales (see **Figure 12**). Across all RSNs, 62% of the participants said they were Mostly or Very Satisfied with the perceived outcomes of their mental health services; 14% of the participants indicated they were Mostly or Very Dissatisfied.

Males showed a slightly higher satisfaction with the perception of outcomes than did females (3.6 vs 3.5) — however, this difference is not statistically significant (**Figure 23**). Perception of Outcomes does differ according to the participants' age: those who were 60 to 75 years of age have a higher satisfaction with outcomes of services than do those who were 21 to 40 and 40 to 60 years of age. These differences are statistically significant.

**Figure 24** shows that Hispanics had the highest average score for satisfaction with Perception of Outcomes (3.7); Native Americans had the lowest average score (3.48). However, none of the differences between race/ethnicity was statistically significant.

## Perception of Outcomes of Services (Continued)

“I was discharged before I was ready.”

“My stability is back; my whole life is good.”

“They have shown me that I’m not crazy. [I liked] having somebody I can talk to about what’s going on and to validate situations.”

“They said they would do something and then didn’t. My crisis was never enough for them.”

“They are not case-specific, they were general about grief. I lost my daughter and they acted like I lost a dog.”

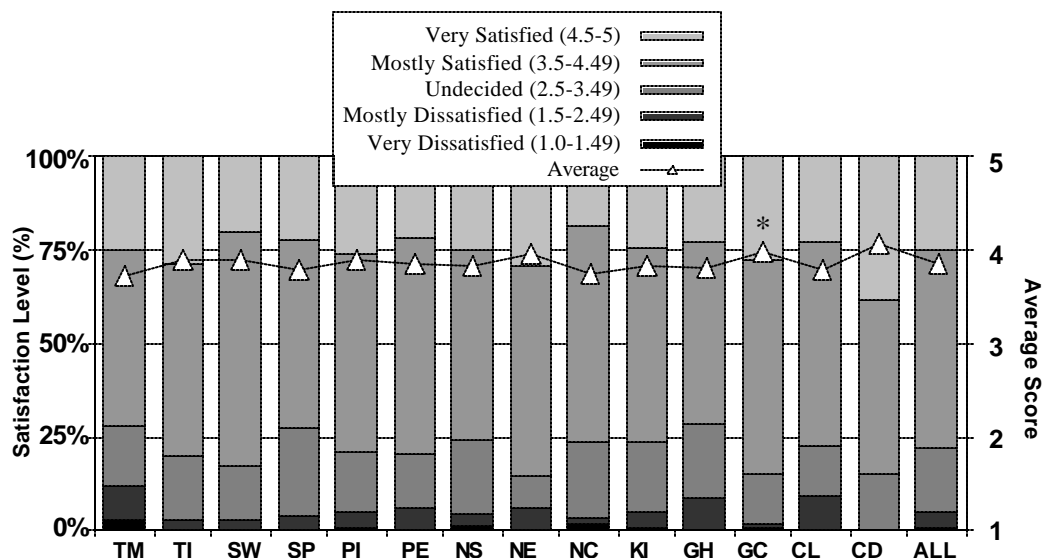
“... the counselors have helped me turn my life around.”

## Perception of Access

### RSN Abbreviations:

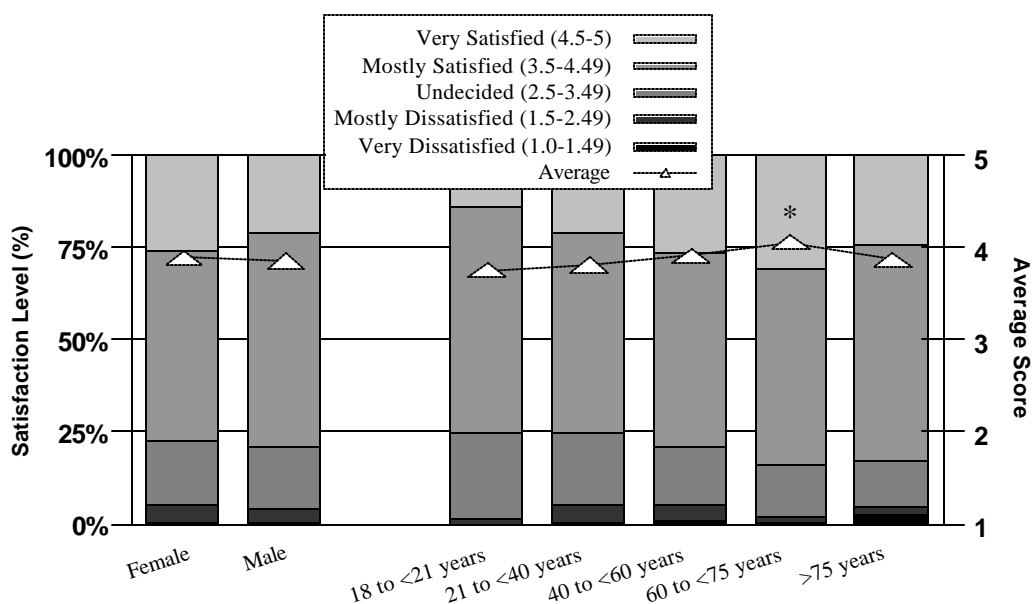
CD - Chelan Douglas  
 CL - Clark  
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 GH - Grays Harbor  
 KI - King  
 NC - North Central  
 NE - Northeast  
 NS - North Sound  
 PE - Peninsula  
 PI - Pierce  
 SP - Spokane  
 SW - Southwest  
 TI - Timberlands  
 TM - Thurston Mason

Figure 25. Perception of Access by RSN



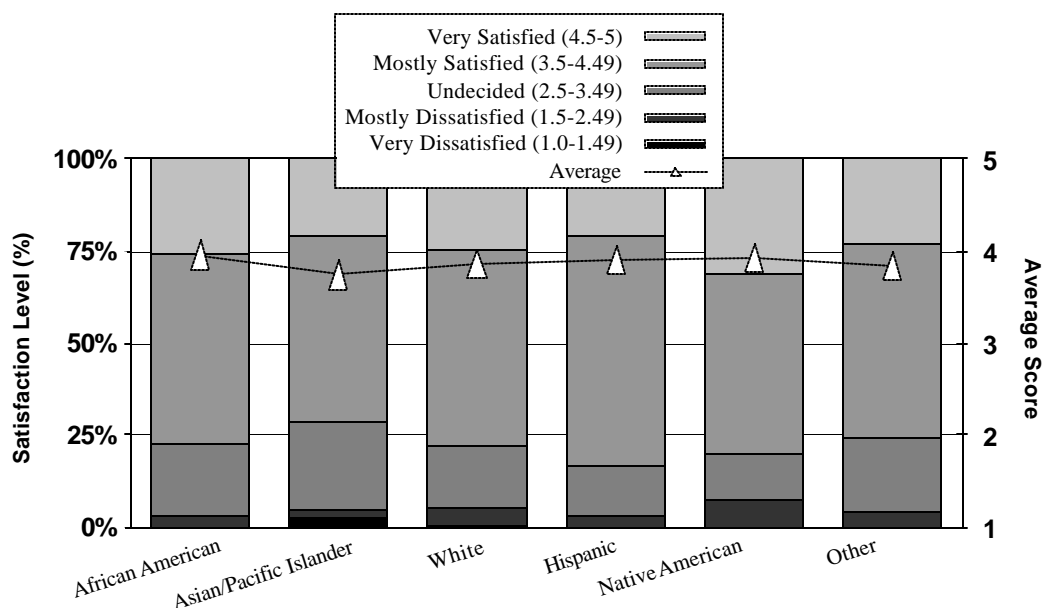
\* Statistically significant difference.

Figure 26. Perception of Access by Gender/Age



\* Statistically significant difference.

Figure 27. Perception of Access by Race/Ethnicity



When comparing average scores, there was no statistically significant difference across RSNs on Perception of Access to Services (**Figure 25**). When comparing each RSN with the statewide average, only Greater Columbia RSN was significantly different, showing a slightly higher average on satisfaction within this category (4.0 vs 3.8). When looking at the percent satisfied in this category, 78% of the participants said they were Mostly or Very Satisfied with their Access to Services.

There was no statistically significant difference between males and females on Perception of Access to Services (**Figure 26**). This perception did differ according to the participants' age. Those who were 60 to 75 years of age had a higher satisfaction with outcomes of services than did those 21 to 40 years. This difference was statistically significant.

**Figure 27** shows generally high average scores across race/ethnicity, with Asian/Pacific Islanders having slightly lower scores than the other race/ethnicities. None of the differences between race/ethnicity was statistically significant.

## Perception of Access

"They help you when you call in. I get results really quickly."

"I can get in."

"I can see someone in 15 minutes and receive my medication."

"I could not access services on an outpatient basis."

"[I had] problems with getting my meds and dealing with government agencies. Incapacitated people have trouble working with them (government agencies) and there is one person, one cog in the wheel, that blocks getting help."

## V. Open-Ended Responses

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Open-ended Questions Allow Participants to Choose Their Own Words

Several questions in the survey provided participants the opportunity to choose their own words in expressing themselves and their levels of satisfaction. For example, one question asked the participants, “What two things do you like the *most* about the mental health services you received?” Another asked, “What two things do you like the *least* about the mental health services you received?” And a third question asked, “Do you have some comments you would like to make about any of the questions or services that you have received or were not covered in the survey?”

After the researchers reviewed answers to the questions, the statements were divided into broad categories of responses. Two trained and experienced interviewers assigned individual responses into their corresponding category. The categories for responses to open-ended questions are as follows:

**Services** – which included references to services, effectiveness, confidentiality, etc;

**Support** – which included references to support and understanding, an accepting environment, and listening skills;

**Counseling** – which included references to quality of therapists and effectiveness of group sessions;

**Medications** – which included any reference to prescriptions;

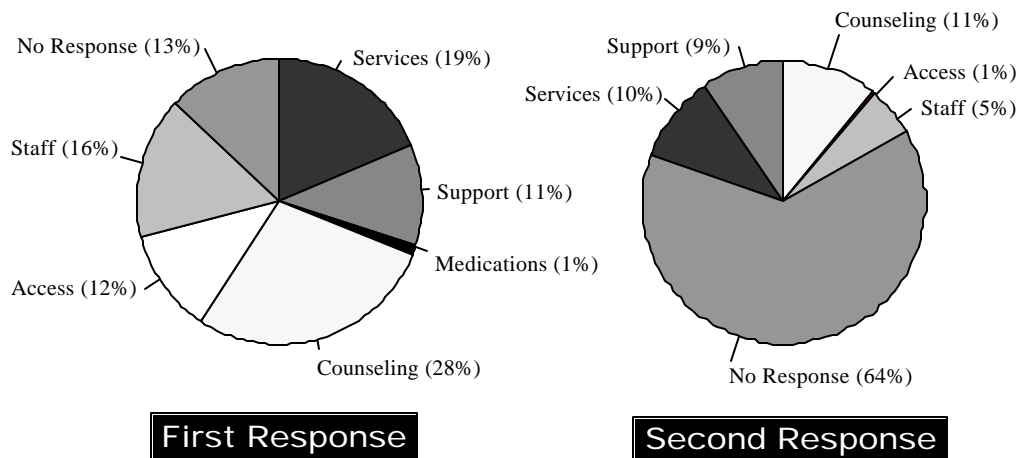
**Access** – which included references to location, cost, and flexibility; and

**Staff** – which included references to the non-counseling members of the agency’s team.

Since participants were asked what two things they liked the most or least, the findings are presented in **Figure 28** and **Figure 29**, with two charts representing each response.

Figure 28. Positive comments about services

**Question:** What two things did you like the *most* about the mental health services you received?



## The "Up" Side of Services

Of all the categories of responses, most (28%) participants indicated they most liked their *Counseling Services*. Many individual comments reflected positive relationships with counselors and therapists; these comments centered on the skills and compassion of therapists, as well as on their professionalism and flexibility.

"The counseling helped me become a different person. It helped me start living my life again."

"[I liked] the options and ideas my therapist gives me ... and her communication style."

"I like the people there and I like the fact when I call with a problem they have always come through for me."

"She's the best. She's always available."

"I don't feel so alone. I did not know so many had the same problems and I did not know there was so much help out there."

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The “Up” Side  
of Services  
(Continued)

Nearly one-fifth of the responses (19%) indicated satisfaction with *Services* in general:

“I like the fact that I am able to mingle with other people with similar experiences.”

“All the services help me a lot. I feel very good, comfortable. Everything is better than before.”

“[I like] the fact they are focused on helping me becoming independent and keeping my belongings. [They are] helping us to live as normal people.”

A significant portion of participants (16%) said they liked the *Agency Staff* the most:

“They were open to me about problems, and also they followed up with my problem.”

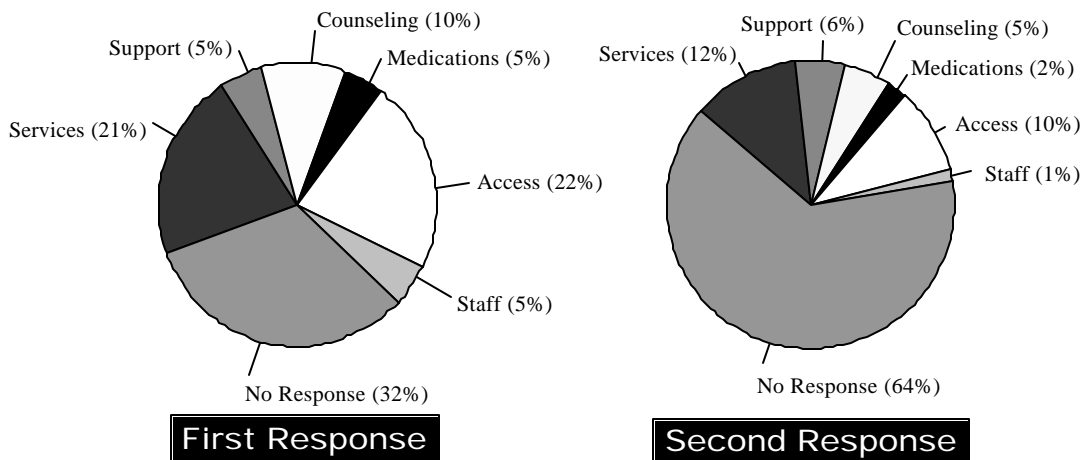
“... friendliness, staff and the amount of information I’ve received.”

“I liked the staff. They were very attentive and interested.”

Most of those who offered a second response to this question said that they liked *Access* the most, followed closely by *Counseling*, *Support*, and *Services*.

Figure 29. Negative comments about services

**Question:** What two things did you like the *least* about the mental health services you received?



While the highest percentage (32%) of participants did not comment on what they liked least about their mental health services, the next most common response (22%) indicated they liked *Access* the least, followed closely by *Services* (21%).

“The case managers were never available — especially during crisis. When I call them, they put me on hold for 20 minutes.”

“The waiting.”

“They are spread too thin.”

“There is no weekend or night service and there aren’t enough outings.”

“Right now I’m not getting any help with what is bothering me.”

“The psychiatrist only comes once a month and you can’t directly contact him — your counselor has to do it and it can take up to 48 hours.”

“The facility is just plain dirty.”

## The “Down” Side of Services

“My strengths were never emphasized. I so desperately needed to hear what I was good for, let alone good at. Doesn’t everyone?”

## VI. Summary

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Generally speaking, consumers appeared to be very satisfied with the mental health services they received. With the exception of Perceived Outcomes of Services, nearly three-quarters of participants reported they were Very Satisfied or Mostly Satisfied with the services they had received. Only a small percentage, generally below ten percent, indicated they were Mostly Dissatisfied or Very Dissatisfied with the services that they had received.

Despite relatively lower satisfaction scores regarding Outcomes, 62% of the participants said they were Mostly or Very Satisfied with the perceived outcomes of their mental health services — while 14% of the participants indicated they were Mostly or Very Dissatisfied with their service Outcomes.

There is very little variation in satisfaction among Washington State's 14 Regional Support Networks. Nor were there major differences with satisfaction between genders, ages, or ethnicities. However, in some cases, females were slightly more satisfied than males; additionally, those over 75 years of age at times demonstrated slightly less satisfaction with services than did younger consumers.

Open-ended responses proved very descriptive — and were largely consistent with information described by the satisfaction scale findings.

### **Where to from Here?**

This report represents the first of a series of ongoing Adult Consumer Surveys that we hope will continue on an annual or biannual basis. Continuing these surveys will allow Washington State to track patient satisfaction across time — albeit not necessarily with the same individuals, but rather with a random, representative sample of consumers receiving publicly funded mental health services.

Furthermore, using the MHSIP survey instrument for data collection enables Washington State to compare its responses with other states that are also using this survey. Thus, Washington State will be able to “benchmark” scores in a manner that provides a rough estimate of how Washington State compares with other states in achieving consumer satisfaction among mental health consumers.